

SUMMARY OF BENEFITS for CITY OF MIAMI BEACH
January 1, 2006 through December 31, 2006

GROUP MEDICAL, DENTAL, LIFE, FLEXIBLE SPENDING & VOLUNTARY BENEFIT PLANS
(Active Employees, excluding Police Officers and Firefighters)

IMPORTANT: You **MUST** notify the Employee Benefits section within 31 days of any changes in dependent status, such as marriage, divorce, birth or adoption of a child, gaining legal custody of child, child attaining age 19 (or 25 if college student), child's part-time status, withdrawal or graduation from college to make any necessary change in your coverage elections. Request for coverage changes made after 31 days cannot be granted.

MEDICAL PLAN OPTIONS

Coverage is provide by Humana
(Participation is Voluntary)

You have a choice of five different medical plan options, Standard and Premium HMO, Standard and Premium PPO and a POS plan, all provided by Humana. Detailed information regarding the plan options available to you are provided in the Humana Benefits Summary booklet for City of Miami Beach Employees. A Humana Representative may be reached by calling 1-888-393-6765 or you may call Angela Blanco the City's Humana Account Representative at (305) 626-5786 to assist with any questions you may have about the plan options available to you.

PLEASE REVIEW THE HUMANA BENEFITS SUMMARY BOOKLET. THIS BOOKLET PROVIDES THE COVERAGE DETAILS OF EACH OF THE HUMANA MEDICAL PLAN OPTIONS AVAILABLE TO YOU. A CURRENT LIST OF PARTICIPATING PLAN PROVIDERS FOR HUMANA PLANS IS AVAILABLE ON THEIR WEBSITE WWW.MYHUMANA.COM, OR BY CALLING HUMANA AT 1-800-4HUMANA (1-800-448-6262).

STANDARD HMO PLAN

Effective Date of Coverage:	Classified Employees:	91 st day of hire for probationary employees
	Unclassified Employees	date of hire

Your Bi-weekly Cost:
(24-pay period per year)

The cost of the plan is shared between you and the City. The City pays 75% of the total premium cost for Employee Only coverage and 60% of the total premium cost of Family coverage.

Your bi-weekly payroll deductions

Employee only	\$ 40.73	25% of the total premium cost
Family	\$161.17	40% of the total premium cost

PREMIUM HMO PLAN

Effective Date of Coverage:	Classified Employees:	91 st day of hire for probationary employees
	Unclassified Employees	date of hire

Your Bi-weekly Cost:
(24-pay period per year)

The cost of the plan is shared between you and the City. The City pays 50% of the total premium cost for Employee Only and Family coverage.

Your bi-weekly payroll deductions

Employee only	\$ 96.38	50% of the total premium cost
Family	\$238.89	50% of the total premium cost

STANDARD PPO PLAN

Effective Date of Coverage: Classified Employees: 91st day of hire for probationary employees
Unclassified Employees date of hire

Your Bi-weekly Cost: The cost of the plan is shared between you and the City. The City pays 75%
(24-pay period per year) of the total premium cost for Employee Only coverage and 60% of the total premium cost of Family coverage.

Your bi-weekly payroll deductions

Employee only	\$ 79.60	25% of the total premium cost
Family	\$311.01	40% of the total premium cost

PREMIUM PPO PLAN

Effective Date of Coverage: Classified Employees: 91st day of hire for probationary employees
Unclassified Employees date of hire

Your Bi-weekly Cost: The cost of the plan is shared between you and the City. The City pays 50%
(24-pay period per year) of the total premium cost for Employee Only and Family coverage.

Your bi-weekly payroll deductions

Employee only	\$196.28	50% of the total premium cost
Family	\$481.55	50% of the total premium cost

POS PLAN

Effective Date of Coverage: Classified Employees: 91st day of hire for probationary employees
Unclassified Employees date of hire

Your Bi-weekly Cost: The cost of the plan is shared between you and the City. The City pays 50%
(24-pay period per year) of the total premium cost for Employee Only and Family coverage.

Your bi-weekly payroll deductions

Employee only	\$113.34	50% of the total premium cost
Family	\$281.22	50% of the total premium cost

DENTAL PLAN OPTIONS

Coverage is provided by CompBenefits
(Participation is Voluntary)

You have a choice between three dental plan options, a dental HMO plan (DHMO CS 150), a PPO plan (SLV-80 DNI), and an Indemnity plan (Elite 400). Detailed information regarding the plan options available to you are provided in the CompBenefits Summary booklet. The City pays 50% of the total premium cost for the DHMO CS 150 and PPO SLV-DNI plan. For the Elite 400 Indemnity plan, the City pays the same amount for this plan as it does for the PPO and the employee pays the difference in premium cost.

PLEASE REVIEW THE COMPBENEFITS SUMMARY BOOKLET. THIS BOOKLET PROVIDES THE COVERAGE DETAILS OF EACH OF THE COMPBENEFIT PLAN OPTIONS AVAILABLE TO YOU. A CURRENT LIST OF PARTICIPATING PLAN PROVIDERS FOR THE CS150 AND PPO PLANS IS AVAILABLE ON THEIR WEBSITE WWW.COMPBENEFITS.COM, OR BY CALLING COMPBENEFITS AT 1-800-342-5209

Effective: 91st day of hire for probationary Classified employees. First day of hire for Unclassified employees.
Cost: Bi-weekly payroll deductions (24 pay periods per year)

	DHMO CS 150 Plan	SLV-80 PPO Plan	Elite 400 Indemnity Plan
Employee Only	\$2.59	\$5.78	\$9.29
Employee and One Dependent	\$4.83	\$11.16	\$17.92
Family	\$6.28	\$17.11	\$27.46

DHMO CS 150 Plan

You must choose a Participating General Dentist from the DENTAL PROVIDER DIRECTORY.

There are no pre-existing conditions, no annual maximum benefit. There is no deductible and no claim forms to file. No charge for basic services except for a \$5.00 co-payment for each appointment. Basic services include examination and cleaning twice a year, x-rays, basic fillings. Other procedures do require co-payments.

SLV-80 PPO Plan

Allows you to use any dentist of your choice, has a \$50 annual deductible and \$1,500 maximum benefit per calendar year. You must pay the dentist and then file a claim for reimbursement.

This plan will reimburse according to a schedule of contracted discounted rates with participating network dentists. When services are received from dentists who do not participate in the CompBenefits network, the plan reimburses based on the discounted rates and you are responsible for charges over the discount amount and any co-insurance or copayments. A waiting period applies for some procedures.

Elite 400 Indemnity Plan

Allows you to use any dentist of your choice, has a \$50 annual deductible and \$1,500 maximum benefit per calendar year. You must pay the dentist and then file a claim for reimbursement.

This plan provides benefits reimbursable at the reasonable and customary amounts for the service in your area. The plan provides a higher benefit payment, at a higher cost. It has an annual \$50 deductible. A waiting period applies for some procedures.

LIFE INSURANCE

STANDARD LIFE COMPANY

Basic Life Insurance (Mandatory Participation)

Effective: Classified Employees: 91st day of hire for probationary employees
 Unclassified Employees date of hire

Volume: Your annual base salary, rounded up to next thousand. Your volume amount changes the first payroll period in January of each year for any change in your annual base salary that occurred in the prior payroll year.

Cost: The cost of the plan is shared between you and the City. The City pays 50% of the total premium cost coverage and you pay 50% of the cost of coverage.

 Your bi-weekly payroll deductions (24-pay period per year) \$0.0725 per \$1,000 of volume

Accidental Death & Dismemberment (Mandatory Participation)

Effective: Classified Employees: 91st day of hire for probationary employees
 Unclassified Employees date of hire

Volume: One-half of Basic Life Insurance volume, to a maximum benefit of \$20,000.

Cost: Fully paid by City.

Coverage: Accidental death, dismemberment and loss of sight benefits.

Supplemental Life Insurance (Voluntary Participation. The City does not contribute to the cost.)

Effective: Classified Employees: 91st day of hire for probationary employees
 Unclassified Employees date of hire

Volume: Your annual base salary, rounded up to next thousand. Your volume amount changes the first payroll period in January of each year for any change in your annual base salary that occurred in the prior payroll year.

Cost: \$.205 per \$1,000 of volume bi-weekly (24 pay periods).

Voluntary: Can cancel coverage at future date. Proof of Insurability must be provided to the insurance carrier for any enrollment request (late enrollment) made 31 days after you date of eligibility).

FLEXIBLE SPENDING ACCOUNTS

(Participation is Voluntary)

The City is offering a program, through Section 125 of the IRS Code, called Flexible Spending Accounts that helps reduce your taxable income. This program allows you to set aside pre-tax dollars from your bi-weekly paycheck to pay for qualified un-reimbursed health expenses such as deductibles, co-pays, eyeglasses, contacts, etc. and for dependent care expenses, up to certain annual limits. Expenses must be incurred with the plan year (from your effective date through December 31ST then annually from January 1ST through December 31ST). Your expenses should be estimated conservatively because any unclaimed funds at the end of the plan year will be lost.

Fringe Benefits Management Company (FBMC) administers this plan. Additional information is included in this package. You may also call FBMC at 1-800-872-0345.

CONTRIBUTON RATES ARE EFFECTIVE FOR THE PLAN YEAR OF JANUARY 1ST TO DECEMBER 31ST, INCLUDING THOSE MADE TO THE FLEXIBLE SPENDING PROGRAM. Annual Open Enrollment occurs in October of each year. Annual Open Enrollment provides employees the opportunity to make changes in their coverage elections. Employees can add or cancel coverage or that of their eligible dependents. Employees can also change their "Cafeteria Plan" election (see Pre-tax Payroll Deductions).

VOLUNTARY BENEFITS

The City offers the following voluntary benefits. **These plans are fully paid for by the employee, however the City allows them to be payroll deducted.** The plans are administered by The Comprehensive Companies, located in Miami. A representative from the Comprehensive Companies will contact you to meet with you individually to discuss your options within your first 90 days of employment. You may contact them directly for further information at (305-858-2260).

UNIVERSAL LIFE INSURANCE PLAN

This plan offers additional life insurance coverage for you and, if you choose, your eligible dependents. You may choose the level of coverage desired. You accumulate cash value and interest in your policy, which later can be withdrawn by you. The coverage is portable; if you leave the City's employ, including retirement, you may continue the coverage directly with the carrier or via pension benefit deductions with no change in rates or coverage. Cost is based upon coverage selected.

DISABILITY INSURANCE PLAN

This plan offers income due to disability. You design your plan. You may choose coverage for accident only or accident and illness. The length of elimination period, monthly benefit level, and benefit duration are also selected by you. You may select this coverage for yourself. This plan is paid in addition to any other disability-related income, except workers' compensation benefits. The coverage is portable. If you leave the City's employ, you may be eligible to continue the coverage directly with the carrier. The cost is based upon coverage selected.

CRITICAL LIFE INSURANCE

This plan combines Term Life Insurance with Critical Condition coverage. It pays a lump sum cash payment to you upon *first diagnosis* of a Critical Condition. For a Type I condition the plan pays you a benefit equal to 100% of the current life insurance face amount. For a Type II condition the plan pays you a benefit equal 25% of the current life insurance amount.

Type I Conditions include heart attack, invasive cancer, stroke, paralysis, blindness, kidney failure and major organ transplant. Type II Conditions include non-invasive cancer and major heart surgery. The plan is guaranteed renewable. You can renew your policy until age 85. If you leave the City's employ, coverage may be continued directly with the carrier.

LUMP SUM CANCER BENEFITS

The Lump Sum Cancer Benefit provides you and your family with the financial support that you need in the event of a first diagnosis of internal cancer.

This plan provides a one-time benefit to you (or whoever you assign the benefit to) to spend as you like. It pays in addition to any other coverage you may have. You choose the benefit amount you wish to have, \$10,000, \$20,000, \$30,000, \$40,000 even \$50,000. Coverage is fully portable if you change jobs and is guaranteed renewable, as long as you pay your premiums when due.

U.S. LEGAL SERVICES, INC.

A Pre-paid Legal Insurance Plan

(Participation is Voluntary)

(305) 858-2260, ext. 801 (800) 356-LAWS

U. S. Legal Services, Inc. provides coverage that includes consultation, preventive law, legal advice, correspondence, and services such as name changes and divorce are available. You have a designated Attorney that will represent you. Some examples of what is covered under this plan may be found on the reverse side of this memo.

The low bi-weekly premium covers you and/or your spouse and all unmarried dependent children under age 18 and dependent unmarried children under age 23 who are full-time students.

COST: Employee only - \$8.88/ per 24 pay periods per year
Family coverage - \$9.88/ per 24 pay periods per year

PRE-TAX PAYROLL DEDUCTIONS

The City of Miami Beach provides employees a choice between post-tax and pre-tax payroll deductions of employee premiums for the Life, Medical, and Dental plans. Employees can elect to have these premiums paid from pre-tax pay. Under pre-tax provisions, gross pay is calculated, and then the dollar amount of the employee portion of the plan would be deducted. After these deductions are made, the federal withholding would be calculated and deducted. This reduced amount of your taxable pay is reported to the Internal Revenue Service.

This election is made at the time you enroll in the qualified benefit plan(s). You may change your election within 31 days if you have a "qualified event" or during the Annual Open Enrollment period. For further information, please refer to the election form and/or plan document.

CONTINUATION OF COVERAGE

The Federal Government requires that covered employees and/or covered dependents be offered the opportunity to continue medical and/or dental coverage with the City of Miami Beach plans upon termination of employment for up to 18 month. Also, if a covered dependent is no longer eligible for coverage (such as a child attaining the majority age or the divorce of a covered spouse), the former dependent is to be offered the opportunity to continue participation in the plan for up to 36 months. You must notify Ceridian of the qualifying event within 60 days. Members will be responsible for premium deductions during those 60 days in order to avoid any lapse in coverage. Please refer to the notification form for further information.

PLEASE REFER TO YOUR PLAN BOOKLETS

This summary briefly outlines the medical, dental, life and voluntary benefits offered by the City of Miami Beach. Eligibility provisions, rates and benefits may change. Notification will be provided via mailers, paycheck attachments and/or the employee newsletter.

LEAVE TIME

Regular and Unclassified Full Time employees accumulate 96 hours of annual leave and 96 hours sick leave per year during the first 10 years of employment (time is pro-rated for those employees classified as Part Time). Up to three days may be deducted from your accumulated sick or annual leave for use as Religious Holiday Leave.

In addition, employees receive three Floating Holidays each year that must be used before the end of the payroll year (may not be carried over) and the employee's Birthday.

Floating holidays and birthday time may not be used until the completion of 6 months of employment. Annual leave and sick leave begin accruing immediately but may not be utilized by Unclassified Employees until after the completion of 6 months of employment; and for all other groups, it may not be used until the completion of probation.

The City recognizes 10 legal holidays: New Year's Day, Martin Luther King's Birthday, Presidents' Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day and the day following, and Christmas Day

To request this material in accessible format, sign language interpreters, information on access for persons with disabilities, and/or any accommodation to review any document or participate in any city-sponsored proceeding, please contact 305-604-2489 (voice) or 305-673-7218 (TTY) five days in advance to initiate your request. TTY users may also call 711 (Florida Relay Service) .

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